

The goal of this self-assessment is to help child care providers become aware of important indicators of quality. This self-assessment tool is not a test or pass/fail exam, but instead is a tool that supports an intentional review of program policies and delivery of services. The focus is on improvement. It consists of two parts.

Part 1 is a self-assessment of:

• Space and Furnishings, Personal Care Routines, Literacy and Language Components, Activities, Promoting Acceptance of Diversity, Interaction, Program Structure, and Provisions for Children with Disabilities

Part 2 is a self-assessment of:

• Contract and Program Policies and Practices, Professional Development

How To Use This Tool

When completing the YoungStar Self-Assessment it is important to honestly assess the work of the program. This YoungStar Self-Assessment can be used in a variety of ways to meet your program's needs, such as:

- Complete one section of the self-assessment at a time,
- Complete the entire self-assessment,
- Work with a mentor to complete the self-assessment. It is important that the work of self-assessment not fall on one person.

This self-assessment is intended to reinforce, not replace, licensing standards. Items in the self-assessment represent high quality standards that are above and beyond what are included in the licensing standards. In the process of using the self-assessment, consider the many aspects of the early child care classroom pertaining to children's play. Focus specifically on required areas, the types and quantities of materials used, the amount of time dedicated to play, any barrier that prevents children from using materials, and the interactions that occur while children are engaged in play with learning materials. As you document materials in the classroom, look at what is provided for children's independent use.

<u>ACTION PLAN</u>: Action plans are an opportunity to think about how you will improve your program in each quality component section. At the bottom of each section is a grid for the program to identify areas for improvement and brainstorm those ideas, feelings and practices that need to be prioritized. These action steps are then transferred to the Quality Improvement Plan document available from the YoungStar Regional Office. The purpose of this tool is to help you get started on looking at your current practices, sorting through your feelings, and begin making improvement in your classrooms and center.

Use this opportunity to reflect on the assessment results and think about:

- 1) What impressed you about your current practices?
- 2) What surprised you about your current practices?
- 3) Were there any safety/supervision issues that may put children at risk?
- 4) What general areas do you foresee getting started on improving the quality today?
- 5) How about the near future?



How To Self-Assess PART 1

Read each item carefully.

Step 1: Decide if the stated indicator is "Not Met" = showing little evidence to support statement. Check the corresponding box for that indicator. For the indicators that are checked "Not Met", the program is encouraged to adapt to fully meet the criteria stated in the "Better" and/or "Best" column. These items should be addressed on the Action Plan and prioritized for the Quality Improvement Plan.

Step 2: Decide if the stated indicator "Meets" = shows some evidence to support statement

Check the corresponding box for that indicator. For the areas that are checked as "Meets", the program is encouraged to adapt to fully meet the criteria stated in the "Better" and/or "Best" column. These items should be addressed on the Action Plan and prioritized for the Quality Improvement Plan. If it does meet the indicator, move to step 3.

Step 3: Decide if the stated indicator has evidence in the program to support a "Better" rating.

Check the corresponding box for that indicator. These items may be addressed on the Action Plan and prioritized for the Quality Improvement Plan. If it does meet the indicator, move to step 4.

Step 4: Decide if the stated indicator has evidence in the program to support a "Best" rating.

Definitions of ratings:

Not Met = There is little evidence to support statement **Better** = There is sufficient evidence to support statement

NA = Statement does not apply to the child care program.

Meets = There is some evidence to support statement

Best = There is a great deal of evidence to support statement

DEFINITION OF TERMS PART 1:

Accessible: Children are able to reach and use materials independently. Non-Mobile children are brought materials by provider to use. **Much of the Day**: Children are able to reach and use materials for a majority of the time that they are awake and able to play. Non-mobile children are brought materials. No child is prevented from playing with materials for a total of 20 minutes of more per day for infants and toddlers or at least one-third of the time the children are in attendance for 2 ½ - 5 year olds.

NA Permitted: If there are no children with disabilities enrolled or children with disabilities do not need the materials for participation in the environment NA is permitted.

HOW TO ASSESS PART 2

The field of family child care is now relying on greater public investment in child care. Family child care programs can use this as an educational tool for gaining knowledge of what providers can strive for in order to have a high-quality work environment to be able to evaluate and plan for setting goals and measuring success. This part of the self-assessment will serve as a working tool for setting goals to improve current work standards.

YES = Consistently Met NO = Partially Met or Unmet COMMENTS = Barriers/challenges or strengths that are present

Plan for improvements now and in the future – YoungStar...Start Early. Start Smart. Start Here



acility Name		Ages in Care	to D	ate Completed		
ame of Person Completing Se	If-Assessment		P	osition	sition	
SPACE AND FURNISHINGS	Not Met	Meets	Better	Best	Not Applicable	
Space used in home for child care children to play and have free movement, play materials, and furnishings	□ Space is very confined	□ Limited space	☐ Enough space/spacious open area	☐ Ample space		
Lighting, ventilation, temperature control, and sound-absorbing materials	□ Lacking	□ Adequate	☐ Some direct natural lighting available	☐ Can be controlled		
Space is maintained and clean	☐ In poor repair and poorly maintained	☐ Generally in good repair and reasonably clean and well- maintained (Evidence of daily cleaning)	☐ In good repair and very well-maintained	□ Floors, walls, and other built-in surfaces made of easy-to-clean materials where needed		
Space for children is accessible to children and adults with disabilities	□ Not accessible	☐ Limited accessibilit	dy ☐ Accessible to all currently using child care space (NA Permitted)	☐ Accessible whether or not individuals are involved in the program		
Areas for Improvement/Specif	ic Goals		Resources Needed	Target Date of Co	mpletion	



				your 193th An			
SPACE AND FURNISHINGS	Not Met	Meets		Better	Best	Not Applicabl	
Furniture used for routine care and learning (feeding, sleeping, diapering/toileting, storage of children's possessions)	□ Not enough	☐ Enough (includ individual storage child possessions)	for	☐ Furniture is suitable to children's sizes	☐ Routine care furniture accessible, convenient and sufficient in quantity		
Furniture used for play and learning	□ Not enough	☐ Enough for all ages/abilities of children enrolled		☐ Storage is available for extra toys and supplies	☐ Furniture for toddlers and older children is child-sized (NA Permitted)		
Furniture is maintained and clean	☐ Need to be better maintained and cleaned more often	☐ Reasonably clea and well-maintain		□ Promotes self-help as needed	☐ Comfortable adult seating for working with children in routines and play is present		
Provision for relaxation and comfort for children at play	□ No soft furnishings accessible	☐ Some soft furni and three or more toys accessible		☐ Soft furnishings are accessible much of the day and those used for relaxation are protected from active play ☐ Many soft toys accessible much of the day	☐ Soft furnishings accessible in more than one area in child care ☐ Soft, child-sized furniture for reading or other quiet play provided for children		
Areas for Improvement/Speci	fic Goals	1	Res	sources Needed	Target Date of Co	mpletion	



	youngs				
SPACE AND FURNISHINGS	Not Met	Meets	Better	Best	Not Applicable
Arrangement of indoor space for routine care and play	□ Leaves little room	□ Furnishings placed to provide some open uncrowded space		☐ Materials are usually placed for easy access by children, conveniently close to enough space where they can be used without interference	
Adequate supervision of children in indoor space	☐ Arrangement makes it extremely difficult	☐ Arrangement allow adequate supervision children without major difficulties ☐ Space cleared of breakable objects and things dangerous to children	of allow different kinds of activities to go on at the same time	☐ Arrangement usually promotes independent use of furnishing and materials	
Accessible indoor space	☐ Children restricted in use of space	☐ Most spaces used for care accessible to children with disabilities enrolled in the group (NA Permitted)	different kinds of activities are usually	☐ Convenient, organized storage for extra toys and materials	
Areas for Improvement/Speci	fic Goals		Resources Needed	Target Date of Co	mpletion



			youngstar 77			
SPACE AND FURNISHINGS	Not Met	Meets	Better	Best	Not Applicable	
Display for children	☐ No pictures or other materials displayed specifically for children	□ Some colorful pictures and/or other materials displayed where children can easily see them	☐ Many, colorful, simple pictures, poster, and/or photographs displayed throughout the space where children spend majority of their time	☐ Photographs of children in group, families, pets, or other familiar faces displayed on child's eye level		
Content of display where children can see them	□ Inappropriate materials displayed	☐ Generally appropriate Some work of the children currently enrolled is displayed	 □ Many items and work displayed, some within easy reach □ Provider talks to the children about displayed materials. 	☐ Original children's work predominates. New materials added or display changed at least monthly		
Space available for privacy	☐ Children not allowed to play alone or with friend, protected from intrusion by other children	☐ Children allowed to find or create space	☐ Space set aside for one or two children to play without intrusion by others	☐ More than one space available		
Spaces for privacy supervised	☐ Isolation of children without interaction or activities	☐ All spaces can be easily supervised by provider	☐ Accessible for use for much of the day	☐ Activities are set up by provider for children to use private space		
Areas for Improvement/Speci	fic Goals	Re	esources Needed	Target Date of Cor	npletion	
					•	

Areas for Improvement/Specific Goals	Resources Needed	larget Date of Completion



PERSONAL CARE ROUTINES	Not Met	Meets	Better	Best	Not Applicable
Greeting Parents enter area used for child's care	☐ Parents rarely enter area and greeting is short	☐ Children greeted warmly and parents enter area	☐ Children and parents greeted individually and problems with arrival handled sensitively	☐ Relaxed and friendly atmosphere encourages parents to spend time visiting at drop-off times	
Departure Parents enter are used for child's care	☐ Parents rarely enter area and departure routine is very short	☐ Safe and well- organized and parents enter area	☐ Provider greets parents and provides pleasant, organized departure	☐ Relaxed and friendly atmosphere encourages parents to spend time visiting a pick-up times	
Information shared with parents daily	□ No information shared	□ Some sharing of child-related information between parents and provider	☐ Information about infant's routines shared (NA Permitted)	☐ Provider talks to parents about specific things their child did during the day and shares information about care routines, etc.	
Nap/rest schedule	☐ Inappropriate for most of children	☐ Appropriate for each child	☐ Children are helped to relax	☐ Personalized with familiar practices	
Nap/rest provisions healthful	□ Crowded and hazards present	□ Healthful – clean bedding, no hazards	☐ All cribs/cots separated to 36 inches apart or a solid barrier	☐ Personalized, crib/cot placed in same space every day	
Nap/rest supervision	□ A little	□ Sufficient	☐ Warm, responsive and pleasant	☐ Non-sleeping children have activities provided	
Areas for Improvement/Specif	ic Goals	Ro	esources Needed	Target Date of Cor	npletion



	yearig stri ki				Socki Mil	
PERSONAL CARE ROUTINES	Not Met	Meets		Better	Best	Not Applicable
Meal/snack schedule	☐ Inappropriate (Example: Children are made to wait for food even if hungry or tired)	☐ Meets each chil needs	d's	☐ Well-organized meal/snack times	☐ Encouragement of learning by provider at meal/snack times	
Food served for meals and snacks meets nutrition guidelines	☐ Guidelines not met or food served inappropriate	☐ Well-balanced a appropriate food so		☐ Menus provided for parents (NA Permitted)	☐ Provider cooperates with parents to coordinate introduction of new foods	
Basic sanitary procedures (Hand washing, eating surfaces cleaned and sanitized, utensils used, leftover food is discarded rather than used for a later feeding)	□ Usually neglected	☐ Procedures maintained at least of the time	t half	□ Procedures usually practiced	□ Procedures always practiced	
Feeding practices/ Accommodations for food allergies and cultural diversity	☐ Inappropriately used: inadequate supervision or infants not held for bottle feeding ☐ No accommodations made or for family dietary restrictions (NA Permitted)	☐ Appropriately us adequate supervisit for age and abilities children ☐ Children's dietal restrictions posted substitutions made (NA Permitted)	on s of ry and	☐ Meals/snacks are relaxed and pleasant — slow eaters given plenty of time and there are conversations happening	☐ Children have child- sized eating and serving utensils to encourage self-help skills and school-agers prepare own snack	
Areas for Improvement/Specif	ic Goals		Res	sources Needed	Target Date of Cor	npletion



PERSONAL CARE ROUTINES	Not Met	Meets	Better	Best	Not Applicable
Diapering/toileting sanitary conditions	☐ Difficulty maintaining	☐ Maintained at least half of the time	☐ Usually maintained and easy to maintain	☐ Always maintained	
Sanitizing surfaces, disposal of diapers					
Diapering/toileting needs	☐ Major problems with meeting needs	☐ Usually met in appropriate manner	☐ Warm running water near area and easy-to-	☐ Provisions are convenient and	
Schedule of toilet/diapering changes, lack of provisions – paper towels, soap, running water, sanitizing solution, and supplies readily available	meeting needs	appropriate manner	clean surfaces	accessible by provider and child	
Provider and child handwashing practices after diapering/toileting	□ Often neglected	☐ Usually wash hands after	☐ Always wash hands after	□ Self-help skills promoted as children are ready	
Supervision/interaction while diapering/toileting Safety and sanitary provisions	□ Unpleasant or inadequate	☐ Adequate for ages and abilities of children	□ Pleasant provider- child interaction	☐ Children appear to manage their routines as independently as they should be able to, considering ages and abilities	
Areas for Improvement/Specif	ic Goals	R	esources Needed	Target Date of Co	mpletion



PERSONAL CARE ROUTINES	Not Met	Meets	Better	Best	Not Applicable
Management of health practices to cut down on spread of germs	☐ Difficulty managing	☐ At least half of the time provider	□ Usually acts	☐ Children encouraged to manage health practices independently	
Handwashing for general health practices by children and provider	□ Often neglected	☐ At least 75% of the time when needed to protect health	☐ Consistently washed hands with only 1 or 2 lapses	☐ Children encouraged to manage handwashing practices independently	
Personal items for meeting health needs	☐ No extra clothes available or children changed when needed	□ Extra clothes available and children changed when needed	☐ To meet health needs indoors and outdoors, children are properly cared for	☐ Individual toothbrushes used at least once daily in full- day program (NA Permitted)	
Medical risks minimized	☐ Smoking/drinking alcohol/use of illegal drugs occurs in child care areas either indoors or outdoors ☐ Children with contagious illness are not removed from contact with others	□ All medications are administered properly. (NA Permitted)	□ Provider models good health practices (washes hands frequently, dresses appropriately for the weather)	☐ To handle child care related questions, provider has arranged for a health consultant	
Areas for Improvement/Spec	ific Goals	Re	esources Needed	Target Date of Cor	npletion



PERSONAL CARE ROUTINES	Not Met	Meets	Better	Best	Not Applicable
Safety hazards indoors	☐ Many hazards that could result in serious injury	☐ Some safety hazards indoors	☐ No safety hazards that could cause serious injury	☐ Provider ensures that children follow safety rules	
Safety hazards outdoors	☐ Many hazards that could result in serious injury	(and outdoors combined)	☐ No safety hazards that could cause serious injury	☐ Provider ensures that children follow safety rules	
Supervision of children's safety	☐ Supervision for protection indoors and outdoors is very challenging	☐ Adequate supervision to protect children indoors and outdoors ☐ Provider has	 □ Provider usually anticipates and takes action to eliminate safety hazards □ Home has passed 	☐ Provider explains reasons for safety rules to children	
		essentials needed to handle emergencies	official fire inspection, emergency evacuation procedures are practiced monthly with children		

Safety Hazards (not a complete listing):

Indoors: Electrical outlets, strings/cords, heavy objects, medicines, walkers, water temperature, staples/tacks, mats or rugs, fireplace/heater, stairwells, small objects that can cause choking, crib mattress not fitting snugly, bleach solution spray, plastic or styrofoam objects, guns, etc.

Outdoors: Play areas, unfenced swimming pool, tools not meant for children's use, dangerous substances, sharp or dangerous objects, walkways or stairs, roads or driveways, play equipment, etc.

Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion



LITERACY COMPONENTS	Not Met	Meets	Better	Best	Not Applicable
Amount of talking to children in routines and play	☐ Little or no talking	☐ Moderate amount	☐ Frequent talking	☐ All children are conversed with	
Children hear language	☐ Loud noises often interfere with children's ability to hear language	☐ Reasonable quiet in the home so children can hear language	☐ Uses signing or alternative communication when needed	☐ Provider talks about many and varied topics with children	
Provider tone of voice with children	☐ Unpleasant manner of talk to children	☐ Neutral or pleasant tone of voice usually to children	☐ Talk is meaningful to children and personalized	☐ Provider uses a wide range of exact words in communicating	
Provider vocabulary usage in talking to children	☐ Limited vocabulary	☐ Content of talk is generally encouraging and positive	☐ Provider uses descriptive words for objects and actions	☐ Complexity adjusted for language to match children's abilities	
Verbal or nonverbal communication by children	☐ Children's communication is discouraged much of the day	☐ At least half of the time when children are attempting to communicate, a positive response is given	☐ Provider generally responds in a timely and positive manner and follows through appropriately	☐ Provider adds more words and ideas to what children say (NA Permitted)	
Encouragement of children's communication by provider	□ No encouragement	□ Some encouragement	☐ Frequent encouragement	☐ Provider asks questions to encourage more complex answers	
Social talking with children	□ Talking used only to control children's behavior	□ Some social talking with children by provider, children allowed to talk much of the day	☐ Encouragement of children to communicate with one another, provider has turn-taking conversations (NA Permitted)	□ Provider maintain good balance between listening and talking, links older children's talk with writing (NA Permitted)	
Amount of appropriate books accessible daily	□ Fewer than 3 for each age group	☐ At least 6 total and no less than 3 for each age group for much of the day	☐ At least 12 for each age group, but no less than 2 for each child in each age group for much of the day	☐ Books gathered together in one or more locations for convenient and comfortable use by children	
Condition of books	☐ Generally in poor repair	☐ Almost all books in good repair	☐ Wide selection of books accessible	☐ Books are added or changed to maintain interest	



Books read to children daily (should not contain material that is violent or could be frightening to children)	□ Books not read	children are interested; children not forced to		☐ Book times are pleasant and interactive and provider encourages children in all age groups to read at	
		participate	(NA Permitted)	their ability level*	

Appropriate books:

- Infants and Toddlers: Cloth or hard page books, pictures of familiar objects
- Two-year olds through 5 years: Children's paper story books, beginning reading books
- School-agers: More challenging story books, beginning reading books, chapter books

Notes:

- 2. When helping children understand language, providers may have differing ways culturally and individually that they talk to children. Whatever the personal communication style of the provider, there can be some variation in the way that this is done.
- 3. When helping children use language, providers may change roles as the child becomes more competent in communication. The balance between listening and talking should become more equal, because the provider is encouraging children to use language.
- 4. Books include a variety and wide selection of topics for children including: familiar experiences, fiction/fantasy, factual information, animals, books that reflect different cultures, races, ages, and abilities.

Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion
		+

^{*} Home provider names pictures for infant, assist toddler with turning pages, show preschoolers how words match pictures, assist school-agers with reading.



ACTIVITIES	Not Met	Meets	Better	Best	Not Applicable
Appropriate number of materials for each age group enrolled, accessible for daily use; Materials are safe, challenging but not frustrating, and may include household items	No materials in the following categories: Fine Motor	Some materials much of the day in the following categories: Fine Motor	Many and varied materials much of the day in the following categories: Fine Motor Art Music and Movement Blocks Dramatic Play Math/number Nature/science Sand and water play (play provided at least once a week)	Additional materials rotated for variety in the following categories: Fine Motor	
Condition, usage and storage of materials	☐ Generally in poor repair ☐ Materials are toxic or unsafe for children	☐ Generally in good repair ☐ Materials are nontoxic and safe for children ☐ Some materials accessible for each group	☐ Materials are well- organized for independent use, organized by type for independent use ☐ Provider interacts with children in relation to their play with the materials and facilitates appropriate use of materials	☐ Space used for play is convenient ☐ Access to materials is based on children's abilities ☐ Three-dimensional art materials used at least monthly with preschoolers and older children(NA Permitted)	
Areas for Improvement/Specif	ic Goals	Re	sources Needed	Target Date of Co	mpletion



ACTIVITIES	Not Met	Meets	Better	Best	Not Applicable
Interaction and experiences with the natural world	□ Supervision or interaction by provider during activities is low □ Opportunities for children to experience the natural world are not available	□ Some opportunities to experience the natural world daily − indoors or outdoors □ Children are not required to participate Alternate activities are made available □ Providers use everyday events as a basis for helping children learn about nature/science □ Supervision of sand/water play is appropriate for ages and abilities of children	□ Individual expression encouraged □ Outdoor experiences with nature provided at least 2 times a week □ Some daily experiences with living plants or animals indoors □ Sand or water activities set up to facilitate play	☐ Creativity is encouraged ☐ Activities that require more input from provider are offered for preschoolers and older children at least every two weeks ☐ Materials for this activity are rotated at least monthly	
Music and movement	☐ Not available during day ☐ Other noise or activities interfere with ongoing activities	☐ Provider initiates music and movement activity daily ☐ Recorded music is used at limited times and has a positive purpose	☐ Provider informally sings/chants daily with infants, toddlers, or preschoolers	☐ Activities that require more input from provider are offered for preschoolers and older children at least every two weeks ☐ Materials for this activity are rotated at least monthly	
Dramatic Play	☐ Materials are not available for dramatic play	☐ Some materials available for dramatic play	☐ Many and varied materials available for dramatic play for each age group ☐ Some dramatic props (dress-up hats and clothes, play kitchens, etc.) are child-sized	 □ Dramatic materials available to represent diversity □ Provider facilitates dramatic play 	



			, ,		
Math/Numbers	☐ Math/number taught primarily through rote counting or worksheets ☐ Talking with children during free play or routine times about number or math concepts — size and shape is limited	□ Provider sometime talks about math/number conce during free play or routines	math/number concepts	☐ Activities that require more input from provider are offered for preschoolers and older children at least every two weeks (NA Permitted) ☐ Materials for this activity are rotated at least monthly	
Areas for Improvement/Speci	ific Goals		Resources Needed	Target Date of Completic	on



	youngstri				
PROMOTING ACCEPTANCE of DIVERSITY	Not Met	Meets	Better	Best	Not Applicable
Racial or cultural diversity observed in materials used by children	□ Evidence is limited	☐ Some examples observed in materials	☐ Many examples observed	☐ Inclusion of diversity is part of all areas and materials used by children	
Materials showing diversity are a balanced representation	☐ Representation is only negative stereotypes	☐ Show diversity in a positive way	☐ Many examples of props representing various races/cultures accessible for use in dramatic play	☐ Inclusion of diversity is part of daily routines and play activities	
Promote understanding and acceptance of diversity	☐ No counteraction of prejudice when shown by children or other adults	☐ No prejudice is observed or provider intervenes appropriately to counteract prejudice shown by children or other adults	☐ Provider encourages children to accept diversity by modeling the understanding of diversity	☐ Activities included to promote understanding and acceptance of diversity	
Areas for Improvement/Speci	ific Goals	R	esources Needed	Target Date of Cor	mnletion
The state of the s				larger bate of co.	



9						
ACTIVITIES	Not Met	Meets	Better	Best	Not Applicable	
Appropriateness of materials in use of TV, video, and/or computer – age appropriate, non-violent, and culturally sensitive	□ Not appropriate	□ Appropriate	□ Materials are limited to those considered "good for children"	☐ Most of the materials encourage active involvement and are used to support and extend children's current interests and experiences		
Alternate activities accessible while TV/video/computer is being used	☐ Alternate activity is not allowed	☐ Some alternative activity accessible	☐ Many interesting alternative activities accessible for free choice	☐ Children can participate in active play rather than spending time using TV, video, or computers		
TV, Video, and Computer use is limited	□ Exposure is not limited	☐ Time allowed for children 12 months and older to use is limited appropriately for age of children	☐ Provider is actively involved with the children in use of TV, video, and computer	□ Exposure is limited		

Definitions of Appropriate by Ages:

- Toddlers under the age of 24 months should not watch television, video, or other visual recordings, or view computers
- Children 2 years of age and older: TV, video and computer screen-time use is limited to 60 minutes per day

Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion



ACTIVITIES	Not Met	Meets	Better	Best	Not Applicable	
Active physical play outdoor and indoor space available	□ Outdoor or indoor space to use daily is not available	□ Some uncrowded space, indoor or outdoor, used 1 hour per day	☐ Outdoor area used 1 hour per day year- round, weather permitting	☐ Outdoor space has 2 or more types of surfaces permitting different types of play		
Safety of outdoor space	☐ Space is generally very dangerous	☐ Spaces are generally safe	☐ Large outdoor area is not crowded or cluttered and is easily accessible	☐ Outdoor area has some protection from the elements		
Quantity of appropriate materials/equipment for active physical play	☐ None for any age group in care	□ Some suitable for each child in the group, used daily	☐ Ample for physical play to keep children active and interested	☐ Materials/equipment used daily stimulate a variety of large muscle skills (NA Permitted)		
Safe and appropriate equipment and materials for active physical play indoor and outdoor	☐ Equipment generally in poor repair	☐ Equipment generally in good repair	☐ All space and equipment are safe and appropriate for children who are allowed to use them	☐ Space is organized so that different types of activities do not interfere with one another		

Examples of appropriate materials and equipment by age:

- Infants: small push toys, balls, sturdy things to pull up on, blanket, ramps for crawling
- Toddlers: riding toys without pedals, large push-pull wheel toys, balls, slide, tunnels, cardboard boxes, age appropriate climbing equipment
- Preschoolers: climbing equipment, riding toys, wagons, balls, low basketball hoop
- School-age: riding equipment, jump ropes, hula-hoops, equipment for ball games

Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion



INTERACTION	Not Met	Meets	Better	Best	Not Applicable
Supervision appropriate for ages and abilities of children during play and learning	☐ Usually not sufficient	□ Usually appropriate	☐ Consistently careful supervision	☐ Usually acts to avoid problems before they occur	
Staff control, responsiveness and active supervision	f control, responsiveness		child or a small group - □ Reacts quickly to	☐ Talks to children about ideas related to their activities ☐ Provider's input into learning is balanced with the children's need to explore independently	
Provider-child interactions	□ Interactions are unpleasant, physical contact is not warm or responsive	☐ Few, if any, unpleasant interactions; no harsh verbal or physical provider-child interactions	□ Participates in activities with children and shows interest in or appreciation of what they do □ Shows respect for the children and responds sympathetically to help children who are upset, hurt, or angry □ Uses frequent positive verbal and physical interaction with children throughout the day	☐ Is usually sensitive about children's feelings and reactions ☐ Encourages the development of mutual respect between children and adults	
Areas for Improvement/Speci	fic Goals	Re	esources Needed	Target Date of Cor	mpletion



INTERACTION	Not Met	Meets		Better	Best	Not Applicable
Methods of discipline used by provider	☐ Physical punishment or severe methods used	punishment or severe		☐ Positive methods of discipline used effectively	☐ Helps children understand the effects of their actions on others	
Discipline management by provider	□ So lax that there is little order or control	☐ Usually maintains enough control to prevent problems — children hurting one another, endangering themselves, or being destructive		☐ Program is set up to avoid conflict and promote appropriate interaction Attention frequently given when children are behaving well	☐ Actively involves children in solving conflicts and problems (NA Permitted)	
Behavior expectations for age and developmental level of children by provider	□ Usually inappropriate	☐ Realistic and with few, if any, exceptions		□ Reacts consistently to children's behavior	☐ Seeks advice from other professionals concerning behavior problems	
Interactions among children	☐ Not encouraged Interactions among children often negative	☐ Encouraged Most interactions among children a neutral or positiv	ıre	☐ Provider consistently models good social skills	☐ Provider points out and talks about instances of positive social interaction among children or between adults and children	
Handling types of interactions by provider	☐ Ignore or handle harshly negative interactions among children	☐ Usually stops negative and hur interactions	tful	☐ Facilitates positive peer interactions among children	☐ Initiates some appropriate activities that give children experience in working or playing together (NA Permitted)	
Areas for Improvement/Speci	fic Goals		Re	sources Needed	Target Date of Co	mpletion



				195th AT	
PROGRAM STRUCTURE	Not Met	Meets	Better	Best	Not Applicab
Schedule – how time is used	☐ Too rigid or too flexible – not satisfying needs of many children	☐ Basic schedule exists that is familiar to children and meets the needs of most children	☐ Individualized for infants, with some flexibility for toddlers and older children	☐ Individualized so that the needs of each child are met	
Balance of structure and lexibility	☐ Children's routine needs are not met; Provider has no time to supervise children at play	☐ At least one indoor and one outdoor play period occurs daily ☐ Both gross motor and less active play occur daily	 □ A variety of play activities occur each day – some initiated by provider □ No long period of waiting during transitions between daily events 	☐ Most transitions between daily events are smooth	
Opportunity for free play and amount of supervision	□ <i>Either</i> little opportunity for free play <i>or</i> much of the day spent in unsupervised free play	☐ Free play occurs for at least one hour daily indoors <i>and</i> outdoors, weather permitting ☐ Some supervision provided to protect children's safety and to facilitate play	☐ Free play occurs daily for much of the day, some indoors and outdoors, weather permitting ☐ Provider is actively involved in facilitating children's play throughout the day	☐ Supervision used as an educational interaction	
Quantity of toys, materials and equipment provided for children to use in free play	□ Inadequate	□ Adequate	☐ Ample and varied	☐ Materials added to stimulate interest during free play	
reas for Improvement/Specit	ic Goals	Re	sources Needed	Target Date of Co	mpletion
_					



PROGRAM STRUCTURE	Not Met	Meets	Better	Best	Not Applicable
Group time	☐ Children usually kept together as a whole group	☐ Some opportunity for children to play individually, or be part of self-selected small groups	☐ Whole-group gatherings limited to short periods, suited to age and individual needs of children	☐ Whole-group activities are set up to maximize children's success	
Provider interaction during group time	☐ Opportunities to interact with individual children or small groups are very few ☐ When children do not participate well in whole group gets frustrated or upset	☐ Positive and acceptant with children during whole-group time	☐ Many play activities done in self-selected small groups or individually and provider engages in educational interaction	☐ Engages in educational interaction with small groups and individual children by guiding practice through conversations and introduction of new materials and resources to the program	
Activities done in whole group	□ Usually inappropriate for children	☐ Usually appropriate	☐ Alternative activities are accessible for children not participating in whole-group activity	☐ Engages in educational interaction with the whole group	
Areas for Improvement/Speci	fic Goals	Re	sources Needed	Target Date of Cor	npletion



NOTE: This section is assessed only if there is a child in the group with an identified and diagnosed disability

PROVISIONS FOR CHILDREN WITH DISABILITIES	Not Met	Meets	Better	Best	Not Applicable
Information from available assessments	☐ Assessing children's needs or finding out about available assessments is not completed on a regular basis	☐ Provider has information from available assessments	☐ Provider follows through on recommended activities and interactions by other professionals	☐ Most of the professional intervention is carried out within the regular activities of the home	
Modifications made to meet the needs of children with disabilities	□ Attempts to meet children's special needs are difficult to make	☐ Minor modifications made to meet needs of children with disabilities	☐ Environment, program, and schedule modifications made so children can participate in many activities with others	☐ Children with disabilities are integrated into the group and participate in most activities	
Involvement of parents in helping provider understand children's needs or in setting goals for the children	□ No involvement	□ Some involvement	□ Parents frequently involved	☐ Provider contributes to individual assessments and intervention plans	
Children with disabilities are involved with the other children	□ Very little involvement with the rest of the group	☐ Some involvement in ongoing activities with other children	☐ Children participate in many activities with others	☐ Children with disabilities are integrated into the group and participate in most activities	
Areas for Improvement/Specif	ic Goals	Res	sources Needed	Target Date of Cor	npletion

Compiled self-assessment checklist adapted from: Family Child Care Environment Rating Scale-Revised Edition, 2007. Thelma Harms, Debby Cryer, Richard M. Clifford, Frank Porter Graham Child Development Institute, The University of North Carolina at Chapel Hill.



3)	Control of the Contro	
CONTRACT AND PROGRAM POLICIES			
This section is to be used as guidelines for assessing or developing contracts with parents and developing			
policies for the program.	YES	NO	COMMENTS
The provider charges fees for child care.			
(Additional fees used to meet expenses – late fees, extended-care fees, fees for special services, reimbursements			
from CACFP, etc.)			
Provider has:			
an income adequate to support a family in the provider's community,			
health care coverage that fully covers the provider and any dependents not covered under an alternate health care role.			
health care plan			
• contributed 5% to a retirement plan			
Provider receives an annual cost-of-living increase (reflected in increased fees).			
Provider has a written provider-parent contract that specifies:			
all contracted hours are paid for in full, regardless of child's attendance			
• fees are paid in full when program has an unexpected closure due to provider illness or family			
emergency. A maximum number of paid days for such closures may be established in the contract.			
Fee and payment schedules are revised to reflect changes when the state reimbursement rate changes for			
subsidized child care. When the provider achieves a higher level of formal education or becomes nationally accredited, has it			
guaranteed in the contract to revise the fee and payment schedule to reward this achievement.			
Financial records, including an operating budget, are used to gauge the program's stability.			
A record-keeping system is in place to maximize business deductions available to the provider and to comply			
with tax laws.			
The program is covered by insurance policies.			
 Program liability, homeowners, disability insurance for the provider, and vehicle insurance if program 			
transports children			
For the purpose of setting and collecting fees, the provider requests parents to check with their employers about			
pre-tax child care benefits, and/or with local agencies about child care subsidies.			
Provider receives ten (10) paid days off per year.			
Vacation, sick, holidays, professional development, or personal days			
o Sick days can be used to take care of sick family members.			
For the purpose of setting fees, to calculate work hours, the provider includes time for planning, preparation,			
cleaning, shopping, record-keeping and conversing with enrolled of prospective parents.			
A work schedule has been established that allows break time and respite needed to maintain energy and			
stamina required for caring for children. Consideration given to:			
the number of hours worked per day or per week			
 the enrollment patterns that allow some "down time" during the day and use of qualified persons or 			
family member to on-site during such "down time (naptime)			
 parent volunteers and/or family members helping with program tasks – shopping, laundry, equipment 			
repair			
substitute providers employed if needed			
 contracting services – food catering, cleaning, maintenance, tax preparation 			



Parent and provider sign a contract.		
Contract addresses:		
 hours of care 		
 payment policies, fee schedule, late fees, overtime rates, fees for unscheduled ti 		
 other fees – registration, meal expenses (non-CACFP), special activity fees, infa 		
provider, continuing education fund for provider, returned checks, court or coll	ection agency costs in	
collection of overdue payments, and for seeking emergency medical attention		
 policies for vacation, holiday and sick leave that cover absence of provider and of 	children	
 termination of care – trial period at initial enrollment, conflict resolution proce 	ss, conditions for	
immediate termination, and notification period for full fee payment		
 annual contract updates and renewal provision 		
 parents' responsibility for finding alternate care, circumstances where a substitution 	ute may be hired,	
minimal qualifications of substitutes, and an emergency back-up plan for subst	itutes	
Written program policies for parents.		
Included are:		
emergency procedures		
discipline and guidance policies		
daily schedule		
• job description of care and education of children – includes program planning,	record keeping,	
budgeting, shopping (food and program materials), food preparation, cleaning,		
care environment		
 professional credentials and/or level of education in child care and developmen 	ıt	
 program regulation statement (licensed or certified), additional information on 		
parents and consumers		
 philosophy statement and program goals – reviewed annually with parents 		
• additional items required from parents to provide for their child's care – diaper	rs. food formula.	
clothing, or bedding	3, 1000 101111010,	
Communication to ensure ongoing information regarding new procedures, policies, eve	nts, and ways to involve	
parents in their child's care and education. (Bulletin board, newsletter, daily activity no		
calls, parent/provider conferences, "open door" visitation policy, parent volunteer oppo		
activities, and fundraising projects).	ŕ	
Operation of program allows for parents to be aware of the family child care budget – ex	xpenses that are	
involved.		
Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion



PROFESSIONAL DEVELOPMENT			
This section is to be used as guidelines for assessing or developing a professional development plan and			
continuing education goals.	YES	NO	COMMENTS
Provider has received education in child development and small business management – specific aspects of family child care business operations.			
Training has been received in child care health and safety issues and updates training as needed.			
 Safe practices for lifting children and heavy objects – prevention of back and knee injuries. 			
 Management of infectious disease and universal precautions for blood-borne pathogens. 			
Nutrition and safe food-handling practices.			
• Stress management and other issues – emotional and mental well-being of provider and children.			
Participation in continuing education. Professional development time may be used for state-mandated			
training, credit-based courses, professional conferences, observation time in other child care programs, and/or release time for early care and education advocacy activities.			
Participation in ongoing diversity training with a focus on working with both adults and children.			
Program budget has annual fund for professional development expenses. Covers cost of training, expenses to			
attend training, substitutes.			
Provider has opportunity for recognition and reward to achieve higher levels of formal education and/or			
accreditation through parent fee increases, grant programs or other programs.			
An assessment of program quality is done annually with parent feedback. Provider uses results to plan			
professional development activities.			
A peer support network (informal or formal) is available to engage in problem-solving with peers to benefit			
from experience and encouragement.			
Provider participates in a professional association, support group or early childhood organization.			
Provider is aware of community supports to enhance professional development.			



Areas for Improvement/Specific Goals	Resources Needed		Target	Date of Completion
WORK ENVIRONMENT		·		
This section is to be used as guidelines for assessing quality from the perspective of a pro-	rovider's needs.	YES	NO	COMMENTS
The physical space: (arrangement, daily schedule, use of materials) follows applicable state and local regulations is balanced to meet the needs of both child care and provider's family				
 has adult-sized chairs/work stations for provider has designed for height and location of regularly used equipment to allow prov postures that are safe and comfortable 	ider to use gesture and			
 has storage space that is easily accessible and ample has office or designated are for conducting family child care business 				
 has a place for provider and parents to meet together Clear policies (consistently implemented) to delineate the conditions which children are program because of illness are present in parent policies. 				
Policies contain an emergency back-up plan that in the event that care cannot be offere injury, natural disasters are described.	•			
Copies of reports resulting from inspection of home by building, health, safety or licens for parents.				
To enhance the home as a safe and healthy work environment, the provider is aware of	community resources.			
Areas for Improvement/Specific Goals	Resources Neede	ed	Targe	et Date of Completion



COMMUNITY SUPPORT			
This section is to be used as guidelines for identifying community resources that are needed to assure high-			
quality family child care jobs.	YES	NO	COMMENTS
Providers have qualified substitute/respite providers available when family or personal emergencies arise, leave			
time for when provider is not closing the child care and when professional development activities are available to participate in.			
Possibilities of professional support in the community are available to the provider.			
The following are examples:			
an organized substitute pool (screens and provides training for substitutes)			
• technical assistance and consultation on:			
o program and business management			
o designing child care environments			
o applying for loans/grants			
Resource and Referral program available to help maintain provider's desired enrollment			
 access to other professionals expertise (nutritionist, social workers, health care practitioners) 			
Access to appropriate, affordable and relevant training and education to keep up-to-date and offer new ideas for			
program planning. (Time of day, length of training session, location, basic to advanced-level preferably with			
college credit).			
 Information and funding is available to provider from various community agencies. 			
 Information is available regarding professional associations, support groups and advocacy networks. 			
Information regarding resources and services for children with special needs and their caregivers is available.			
Information included:			
How to make appropriate referrals			
 Impact of Americans with Disabilities Act (ADA) on enrollment policies 			
Opportunities are available to:			
 network with peers, family and friends 			
 be part of a mentoring program during the first two years of operation 			
 network with center-based child care teachers for sharing information and resources and working on 			
advocacy efforts			
 promote family child care providers as leaders in advocacy networks, community committees/forums, 			
and training of other providers			
 provide a community-based "speakers bureau" and other public education activities by providers to address parent concerns about child care issues and enhance the image of family child care 			
address parent concerns about child care issues and emiance the image of family child care	1		



Areas for Improvement/Specific Goals	Resources Needed	Target Date of Completion

Compiled self-assessment checklist adapted from: Creating Better Family Child Care Jobs: Model Work Standards. Center for the Child Care Workforce. (1999). Washington, D.C.